



Student Information

Name: _____

Date of Birth: ____/____/____ Class Year (Fall 2018): _____

Address: _____

City: _____ State: _____ Postal Code: _____

Name & Location of School: _____

Phone number (H): _____ (C): _____

Parent/Guardian's Name: _____

Relation to Student: _____ Phone number: _____

Parent/Guardian's Mailing Address (if different from above): _____

Consent

I, _____, confirm that I am the parent/guardian of _____ to attend the 2018 SC Human Trafficking Youth Advocacy Summit on June 27th. I certify that all information stated herein is true and correct to the best of my knowledge and belief.

Date: ____/____/____ Signature: _____

Name in Print: _____

***Please scan or photograph a copy of the consent form and email it to www.SCHTTFEvents@scag.gov prior to the event.**

